SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER AS FILED AS FILED 2 [™] AMENDMENT I" AMENDMENT I"AMENDMENT 2 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. - 31 TOTAL IND TOTAL IND TOTAL DEP TOTAL DEF TOTAL CLAIMS TOTAL